



Derby City Council

# **Equality impact assessment form**

**Directorate: Public Health**

**Service area: Sexual Health**

**Name of policy, strategy, review or function  
being assessed:**

**Sexual health services previously known as  
Locally Enhanced Services**

**Date of assessment: 4.12.13 & 16.12.13**

**Signed off by: Derek Ward,  
Director of Public Health**

**Cabinet or Personnel Committee's decision**

## Equality impact assessment

This is our equality impact assessment form to help you equality check what you are doing when you are about to produce a new policy, review an older one, write a strategy or plan or review your services and functions. In fact you need to do an equality impact assessment whenever a decision is needed that affects people. This completed form should be attached to any Cabinet or Personnel Committee report to help elected members make their decisions by taking the equality implications into account. Equality impact assessments **must be done before** decisions are made. Include the Cabinet or Personnel Committee's decision on the front sheet when you know it.

You'll find that doing these assessments will help you to:

- understand your customers' and communities needs
- develop service improvements
- improve service satisfaction
- demonstrate that you have been fair and open and considered equality when working on re-structuring.

Don't do the form by yourself, get a small team together and make sure you include key people in the team such as representatives from our Diversity Forums and employee networks and you could invite trade union representatives too – the more knowledge around the table the better. Ask our Lead on Equality and Diversity for help with useful contacts – we have a team of people who are used to doing these assessments.

You'll need to pull together all the information you can about how what you are assessing affects different groups of people and then examine this information to check whether some people will be negatively or positively affected. Then you'll need to look at ways of lessening any negative effects or making the service more accessible – this is where your assessment team is very useful and you can also use the wider community.

Agree an equality action plan with your assessment team, setting targets for dealing with any negative effects or gaps in information you may have found. Set up a way of monitoring these actions to make sure they are done and include them in your service business plans.

When you have completed the assessment, get it signed by your Head of Service or Service Director and send it to our Lead on Equality and Diversity to publish on our website.

By the way, we need to do these assessments as part of our everyday business, so we get our equality responsibilities right and stay within the law – Equality Act 2010.

## **Equality groups**

These are the equality groups of people we need to think about when we are doing equality impact assessments and these people can be our customers or our employees...

- Age equality – the effects on young and older people
- Disability equality – the effects on the whole range of disabled people, including Deaf people, hearing impaired people, visually impaired people, people with mental health issues, people with learning difficulties and people with physical impairments
- Gender equality – the effects on both men and women and boys and girls
- Marriage and civil partnership equality
- Pregnancy and maternity equality - women who are pregnant or who have recently had a baby, including breast feeding mothers
- Race equality – the effects on minority ethnic communities, including newer communities, gypsies and travellers and the Roma community
- Religion and belief or non- belief equality – the effects on religious and cultural communities, customers and employees
- Sexuality equality – the effects on lesbians, gay men and bisexual people
- Trans gender – the effects on trans people

In addition, we have decided to look at the effects on people on low incomes too as we feel this is very important.

**Contacts for help**

Ann Webster – Lead on Equality and Diversity  
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**The form**

We use the term ‘policy’ as shorthand on this form for the full range of policies, practices, plans, reviews, activities and procedures.

Policies will usually fall into three main categories...

- Organisational policies and functions, such as recruitment, complaints procedures, re-structures
- Key decisions such as allocating funding to voluntary organisations, budget setting
- Policies that set criteria or guidelines for others to use, such as criteria about school admissions

**1 What’s the name of the policy you are assessing?**

Proposed changes to sexual health services previously known as Locally Enhanced Services

**2 The assessment team**

Team leader’s name and job title – Zara Hammond  
Public Health Management Associate

Other team members:

Name	Job title	Organisation	Area of
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			<b>expertise</b>
Bernadette Brown	Sexual Health Commissioner/Public Health Manager	Public Health	Sexual Health Lead Commissioner
Andy Cave	Chief Executive	Derbyshire Friend	LGBT
Mark Bowyer	Chair of Derbyshire Positive Support and community pharmacist	Derbyshire Positive Support	Pharmacy
Dan Robertson	Vice President of Student Welfare	Derby Students Union	Student Welfare
Hollie Robertson	President	Derby Students Union	Student Welfare
Ann Webster	Equality and Diversity Lead	Derby City Council	Equality
Steve Barr	Community Engagement Worker	Healthwatch Derby	Health & Wellbeing
Lyndsey Rook	Project Worker	Women's Work	Women

**3 What are the main aims, objectives and purpose of the policy? How does it fit in with the wider aims of the Council? Include here any links to the Council Plan or your Directorate Service Plan.**

This Equality Impact Assessment forms part of the decision making process for implementing proposed changes to those sexual health services previously known as locally enhanced services.

The decision to review and re-commission these services has been precipitated by the transition of Public Health into local authority following the dissolution of Primary Care Trusts on the 1<sup>st</sup> April 2013. This meant that the responsibility for local commissioning of Public Health Locally Enhanced Services (LES) provided by General Practitioners and Pharmacies moved to Derby City Council.

Existing LES contracts continued for the financial year 2013/14 but local authorities are not able to issue future LES contracts. Derby City Council has therefore been required to develop new contracts in relation to these services for the financial year 2014/15.

This also coincided with increased financial pressures and the requirement to make reductions to current spending. Like many other public sector organisations, Derby City Council has needed to consider new ways of providing these services in order to meet the economic challenges ahead. Part of the budget proposals put forward to achieve these savings involve a reduction in spending on existing public health commissioned services, including those sexual health services previously known as locally enhanced services. .

The purpose of the proposed changes is therefore to:

- Ensure that future commissioning of services previously known as Locally Enhanced Services is consistent with Derby City Council contracting procedures.
- Ensure that commissioning of future services previously known as locally enhanced services provides the highest quality services within the available funding.

Appendix A. provides a summary of the existing sexual health services previously known as locally enhanced services, as well as a short description of the proposed changes to these services.

All services previously commissioned under the locally enhanced services contracting arrangements are non-statutory.

### **Who delivers the policy, including any outside organisations who deliver under procurement arrangements?**

Derby City Council Public Health Directorate has responsibility for commissioning the services listed in Appendix A. (Please note: this commissioning responsibility moved to Derby City Council on 1<sup>st</sup> April 2013. These services had previously been commissioned by Derby City NHS Primary Care Trust).

The services are currently delivered by community pharmacist and GP practice providers, depending on the service type (See Appendix A for details).

Proposed changes to contracting of these services are based on an 'Any Qualified Provider' model whereby providers meeting relevant quality criteria are eligible to tender to provide services in line with an agreed service specification. Service users will then be able to access these services from any qualified provider and payment for services will therefore be based on service demand.

## **4 Who are the main customers, users, partners, employees or groups affected by this proposal?**

Name of Service	Service Provider	Main Users of Current Service
Pharmacy Chlamydia Services	<p>This service currently has one provider (Manor Pharmacy) and is available at one location (St Peter's Street in Derby city centre).</p> <p>This services is not provided by any other pharmacist in Derby but people wishing to access chlamydia testing and treatment services can also do so via the open access Genito-urinary</p>	<p>This is a targeted chlamydia testing and treatment service open to any young person aged between 16 - 24 years of age who wish to access the service. People accessing the service do not need to be registered with a GP surgery.</p>

	Medicine service (available at London Road Community Hospital)	
GP Level 2 STI (Sexually Transmitted Infection) service for students	This service is provided by Park Medical Practice located at the Kedleston Road Campus for the University of Derby.	This is a level 2 STI service targeted at and available to students only.
Pharmacy Oral Contraception	This service is provided by pharmacies at various locations across Derby and is free at the point of delivery. (see Appendix E. for current pharmacy locations and activity levels)	This service is currently available to all women of child bearing age meeting the quality standard criteria for access to emergency oral contraception.
GP Contraceptive Implant Service GP IUCD Service	Long acting reversible contraception is currently provided by those GP surgeries in Derby who are signed up to deliver these services (see Appendix D for GP locations and current activity levels)	Contraceptive implants and intra-uterine contraceptive devices (IUCD) are currently available to all women of child bearing age.

In addition to the main service users, it is recognised that the positive effects of STI testing/treatment and contraception services can be of benefit to sexual partners of service users and the wider health and wellbeing of individuals. Please see Appendix A. for further information on proposed changes affecting the main users/customers.

**6 Who have you consulted and engaged with so far about this policy and what did they tell you? Who else do you plan to consult with? – tell us here how you did this consultation and how you made it accessible for the equality groups**

- A process of expert and provider stakeholder consultation regarding the future of existing locally enhanced service contracts was undertaken in October/November 2013. The results of this consultation can be found in Appendix B.
- Consultation with current users of sexual health services and related organisations took place in 2013 and 2011. The results of this consultation can be found in Appendix C.

**7 Using the skills and knowledge in your assessment team, what do you already know about the equality impact of the policy on particular groups? Also, use any other information you know about such as any customer feedback, surveys, national research or data. Indicate by a tick for each equality group whether this is a negative impact, a positive one or if you are not sure**





	<p>years may result in an increased abortion rate.</p> <p><b>GP Contraceptive Implant &amp; IUCD Service:</b> No negative impact identified by the EIA team</p>			
<b>Race</b>	<p><b>Pharmacy Chlamydia Services:</b> The EIA team recognised that there may be a negative impact on those people from black and minority ethnic communities or new communities who have language difficulties or are unfamiliar with accessing health services and therefore are more likely to access pharmacy based chlamydia services.</p> <p><b>GP Level 2 STI Service for Students:</b> GP surgery STI services on the University of Derby campus are more visible and accessible for foreign students who are new to Derby, have English as a second language or are unfamiliar with accessing other sexual health services.</p> <p><b>Pharmacy Oral Emergency Contraception:</b> The EIA team recognised that there may be a negative impact on communities and foreign students who are not registered with a GP and are unaware of how to access free oral emergency contraception or long term contraception methods from elsewhere.</p> <p><b>GP Contraceptive Implant &amp; IUCD Service:</b> No negative impact identified by the EIA team.</p>		<p>X</p> <p>X</p> <p>X</p>	
<b>Religion or belief or none</b>	<p><b>Pharmacy Chlamydia Services:</b> Religious and cultural issues around anonymity mean that those people with a particular belief or religion may be negatively impacted if they prefer the increased anonymity provided by accessing chlamydia services in a pharmacy.</p> <p><b>GP Level 2 STI Service for Students:</b> The EIA team identified a potential positive impact for those people with a particular religion or belief, who may be less likely to access GP surgery sexual health services because of the perception of GPs as cultural and community figures.</p> <p><b>Pharmacy Oral Emergency Contraception:</b> The EIA recognised that there may be a negative impact on women from communities with particular religious beliefs who have restricted access to money to pay for oral emergency contraception.</p> <p><b>GP Contraceptive Implant &amp; IUCD Service:</b> No negative impact identified by the EIA team.</p>	<p>X</p>	<p>X</p> <p>X</p>	
<b>Sexuality</b>	<p><b>Pharmacy Chlamydia Services:</b> Loss of this service may have a negative impact on men who have sex with men and gay men, who are disproportionately affected by chlamydia (See Appendix D.) and are more likely to access pharmacy services because of improved anonymity.</p>		<p>X</p>	

	<p>Loss of this service may have a positive impact on men who have sex with men or gay men if they are encouraged to access full sexual health screening at NHS GUM services, rather than accessing the pharmacy chlamydia only testing service.</p> <p><b>GP Level 2 STI Service for Students:</b> Loss of this service may result in increased demand from heterosexual people accessing NHS Genito-urinary Medicine (GUM) services. This would potentially result in increased appointment waiting times and reduced accessibility of GUM services for gay and bisexual men.</p> <p><b>Pharmacy Oral Emergency Contraception:</b> No negative impact identified by the EIA team</p> <p><b>GP Contraceptive Implant &amp; IUCD Service:</b> No negative impact identified by the EIA team.</p>	X	X	
<b>Trans gender</b>	<p><b>Pharmacy Chlamydia Services:</b> The pharmacy chlamydia service is gender neutral. The EIA team felt that the transgender community would be less likely to access alternative chlamydia testing and treatment services at the NHS Genito-Urinary Medicine clinic due to the gender split waiting room.</p> <p><b>GP Level 2 STI Service for Students:</b> GP surgery STI services offer a gender neutral waiting room. The EIA team felt that the transgender community would be less likely to access alternative STI NHS Genito-Urinary Medicine services due to the gender split waiting room.</p> <p><b>Pharmacy Oral Emergency Contraception:</b> No negative impact identified by the EIA team.</p> <p><b>GP Contraceptive Implant &amp; IUCD Service:</b> No negative impact identified by the EIA team.</p>		X  X	
<b>People on a low income</b>	<p><b>Pharmacy Chlamydia Services:</b> This will have a negative effect on those people with a low income as the city centre pharmacy location is easily accessible and accessing chlamydia services elsewhere may result in increased in travel costs.</p> <p><b>GP Level 2 STI Service for Students:</b> Loss of this service may result in students having to travel to access other STI services. There may be a negative impact on students with low incomes who can not afford to travel to other STI services.</p> <p><b>Pharmacy Oral Emergency Contraception:</b> Loss of free oral emergency contraception for women aged over 18 will have a negative impact on those people with a low income who may not be able to afford</p>		X  X  X	

	<p>to pay for this service or afford to travel to access free oral emergency contraception elsewhere.</p> <p><b>GP Contraceptive Implant &amp; IUCD Service:</b> No negative impact identified by the EIA team.</p>			
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**Important** - For any of the equality groups you don't have any information about, then make it an equality action at the end of this assessment to find out. This doesn't mean that you can't complete the assessment without the information, but you need to follow up the action and if necessary, review the assessment later.

**8 From the information you have collected, how are you going to lesson any negative impact on any of the equality groups? How are you going to fill any gaps in information you have discovered?**

**Mitigation actions applicable across all services where a negative impact has been identified:**

- Work with Neighbourhoods Team and Public Health Community Engagement Team to improve information available on sexual health services for new communities
- Work with sexual health providers to look at implementing gender neutral waiting rooms
- Work with existing sexual health providers to improve sign posting and information about sexual health services.

**Mitigating actions applicable where there has been a negative impact identified as a result of changes to specific services:**

**Pharmacy Chlamydia Services**

- Improve access to postal chlamydia screening kits
- Work with existing sexual health providers to strengthen partner notification

**GP Level 2 STI Service for Students**

- Working with The University of Derby student services and Derby Student Union to improve sign posting to sexual health services
- Working with students to better publicise bus routes for accessing NHS Genito-urinary Medicine sexual health services

**Pharmacy Oral Emergency Contraception**

- Work with pharmacies and sexual health services to improve sign posting to free oral emergency contraception and awareness around age restrictions
- Work with NHS primary care services to improve awareness and access to long term contraception

**9 What outcome does this assessment suggest you take? – you might find more than one applies. Please also tell us why you have come to this decision?**

<b>Outcome 1</b>	<b>GP Contraceptive Implant and IUCD Services</b>	<b>No major change needed</b> – the EIA hasn't identified any potential for discrimination or negative impact and all opportunities to promote equality have been taken
<b>Outcome 2</b>		<b>Adjust the policy</b> to remove barriers identified by the EIA or better promote equality. Are you satisfied that the proposed adjustments will remove the barriers you identified?
<b>Outcome 3</b>	<b>Pharmacy Chlamydia Services</b>  <b>GP Level 2 STI Service for students</b>  <b>Pharmacy oral emergency contraception</b>	<b>Continue the policy</b> despite potential for negative impact or missed opportunities to promote equality identified. You will need to make sure the EIA clearly sets out the justifications for continuing with it. You need to consider whether there are sufficient plans to reduce the negative impact and plans to monitor the actual impact
<b>Outcome 4</b>		<b>Stop and rethink</b> the policy when the EIA shows actual or potential unlawful discrimination

### Which outcome(s) has your assessment team agreed to and why?

The EIA team agreed that Outcome 3 would be appropriate for:

- Pharmacy Chlamydia Services
- GP Level 2 STI Service for students
- Pharmacy oral emergency contraception

Some members of the EIA team gave careful consideration to choosing Outcome 4 for Pharmacy Oral Emergency Contraception services as by virtue of eligibility to access oral emergency contraception, women aged 18 or over will be disproportionately affected.

The EIA Team agreed that Outcome 1 would be appropriate for GP Contraceptive Implant and IUCD Services as there was no identified negative impact on Equality Groups.

The EIA team recognised that while there is potential for negative impact on Equality Groups for some of the proposed changes, this negative impact would be expected given that the aim of the policy is to reduce or end funding for these services however

the negative impacts do not disproportionately affect one or more of the Equality Groups. Mitigating actions have been recommended to minimise the negative impact of the changes on Equality Groups.

Under Section 149 of the Equality Act (2010) decision makers have the responsibility to give due regard to:

- Eliminate discrimination, harassment and victimisation and any other conduct that is prohibited by or under the act.
- Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it.
- Foster good relations between people who share a relevant protected characteristic and those who do not share it.

The Equality Act explains that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics
- Taking steps to meet the needs of people with certain protected characteristics where these are different from the needs of other people
- Encouraging people with certain protected characteristics to participate in public life or in other activities where their participation is disproportionately low

If you have decided on **Outcome 3**, then please tell us here the justification for continuing with the policy. You also need to make sure that there are actions in the Equality action plan to lessen the effect of the negative impact. This is really important and may face a legal challenge in the future.

## **10 How do you plan to monitor the equality impact of the proposals, once they have been implemented?**

Monitoring of the impact on equality groups will be carried out through arrangements in place with existing sexual health providers contracted by Derby City Council to provide equality monitoring, performance data and service user feedback. Derby City Council also welcomes additional feedback and information from voluntary organisations in order to assist monitoring arrangements.

## Equality action plan – setting targets and monitoring

<b>What are we going to do to improve equality?</b>	<b>How are we going to do it?</b>	<b>When will we do it?</b>	<b>What difference will this make?</b>	<b>Lead officer</b>	<b>Monitoring arrangements</b>
Improve information available for emerging, black and minority ethnic communities on how to access sexual health services	Work with Neighbourhoods Team and public health community engagement team to look at improved information and awareness around sexual health services	By April 2014	Improve awareness and information on accessing sexual health services	Public Health Commissioning Team	Through provider equality and performance monitoring arrangements, Neighbourhoods Team feedback and public health community engagement team feedback
Explore ways of implementing gender neutral waiting rooms	Work with providers to look at implementing gender neutral waiting rooms	By April 2014	Reduce barriers to accessing services due to gender split waiting rooms	Public Health Commissioning Team	Provider and service user feedback monitoring arrangements
Improve sign posting, information on access and travel to sexual health services	Work with Derby Student Union, the University of Derby, pharmacies and sexual health services to publicise access to sexual health services	By April 2014	Improve information and awareness	Public Health Commissioning Team	Feedback from Derby Student Union, pharmacies and sexual health services

Improve access to postal chlamydia screening kits	Work with pharmacies and relevant services/business to promote access to postal chlamydia screening kits	By April 2014	Improve access to chlamydia screening	Public Health Commissioning Team	Feedback from Chlamydia Screening Office re: uptake of postal kits
Improve access to long term contraception	Work with primary care and GP services to improve awareness of long term contraception	On-going	Reduce need to access oral emergency contraception	Public Health Commissioning Team	Feedback from NHS GP and primary care services

**Make sure you include these actions in your service business plans**